patient died suddenly in a state of general contracture and of intense cyanosis. Many osteophytes were found on the inner surface of the skull at the post mortem. The dura mater was tightly distended and congested; the pia mater, somewhat œdematous, transparent in the tempero-parietal regions, and somewhat opaque at the base of the brain, around the chiasma. No granulations. The circumvolutions were much flattened. No thrombus. No notable modifications in the base of the brain. No granulations of the ependyma. Marked anæmia of the cerebral substance. Considerable dilatation of the ventricles, which were full of a limpid liquid. The spinal meninges contained, also, a certain quantity of liquid. Heart normal. Subpleural ecchymosis. Acute pulmonary emphysema. Spleen, kidneys, intestines, normal. Ecchymosis in both eyes. The antemortem diagnosis was thus confirmed. E. N. B.

Some Facts Concerning the Brains of Ataxic Patients.—(*Le Mercredi Medical*, Feb. 1, 1893). Dr. Nageotte reported to the Biological Society of Paris, in January, some facts elucidated by him in the microscopical examination of the brains of three tabetic patients, transmitted to him by Professor Déjerine for that purpose. These examinations were made in pursuance of ideas formulated by Dr. Raymond as to the possible coexistence of locomotor ataxy and general paresis, the symptoms of the latter passing unnoticed, owing either to the prevalent cachexia, or to the fact that the pathognomonic lesions of paresis were circumscribed and not generally diffused in the brain cortex. E. N. B.

Histological Alterations of the Cerebral Cortex in Several Mental Diseases. (*Le Mercredi Medical*, March 1, 1893.) Dr. R. Colella reported to the meeting of the French Academy of Sciences, Feb. 20, 1893, the result of his studies on general paresis and on the alcoholic psychoses. In progressive general paresis, accompanied by a history of syphilitic infection, the histological alterations are principally those of the blood vessels, of the neuroglial cells and of the protoplastic prolongations of the nervous elements. The cylinder axes are destroyed in but a few of the elements, and that at a late period of the disease. The alterations commence essentially in the vascular rete. In paralytic dementia, with alcoholic intoxication, a hypertrophy of the arachnoid cells takes place, as well as different degrees of degenerative trouble of the nerve fibres. Rudimentary alterations take place in the protoplasmic prolongations. The blood vessels are healthy. In the alcoholic psychosis the histo-pathological examination shows the existence of an alteration of the nerve fibres or prolongations, which is chiefly parencymatous, with a barely perceptible implication of the ganglionic nodes and of the protoplasmic ramifications. The neuroglia and the blood vessels are healthy. The intimate succession in the anatomo-pathological development existing between the vascular rete, the neuroglial cells, and the protoplasmic prolongations, the analogous manner of acting of the protoplasmic arborizations and the blood vessels, the entire absence of relations of solidarity between the protoplasmic and nervous prolongations demonstrate that a very different physiological interpretation should be attributed to the one and the other. It is also shown that the protoplasmic prolongations are in intimate relation both with the neuroglial cells and with the blood vessels, from which it follows that a role should be attributed to them in the nutrition of the nervous substance. E. N. B.

Diffuse Vascular Meningo-myelitis in a Case of Progressive Muscular Atrophy (*Le Mercredi Medical*, Feb. 8, 1893).—Dr. Raymond reported the histories of several of his patients to the meeting of the Hospital Medical Society, in order to show the causal relations of syphilis to muscular atrophy, the non-curative effect of a specific treatment, and at the same time to demonstrate that the *syndrome* of Aran-Duchenne had been dispersed and superseded by other groupings indicative of the great advance in knowledge of pathological anatomy and in skill in making a differential diagnosis in similar states. Of Dr. Raymond's typical cases, the following is remarkable for the difficulty experienced in posing a diagnosis, the symptoms not being those of any typical disease, but more especially resembling those of poliomyelitis, or of polyneuritis. A police employe B., forty-one years old, descending from a nervous and arthritic family, and with the personal antecedents of hæmorrhagic small-pox in 1870, of alcoholism and syphilis in 1874, was taken with the first symptoms of the disease from which he died in 1885. At that time he had slight and transitory pains in his right shoulder, and, somewhat later on, phenomena similar to those known as writer's cramp, in his right hand.

In 1889, there was diplopia of two months' duration,